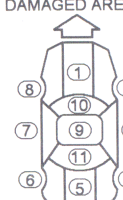
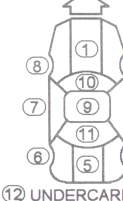


Date of Crash		M T W Th F S Sun 1 2 3 4 5 6 7	Time of Crash		HRS.	CRASH REPORTED BY: 1 State Police 3 Sheriff 2 City Police 4 Other	Time of Notification		HRS.	Time of Arrival		HRS.	Fatalities <input type="checkbox"/> Leaving Scene <input type="checkbox"/> Hit & Run <input type="checkbox"/> Striking Unattended Vehicle <input type="checkbox"/> Other
LOCATION	COUNTY			<input type="radio"/> IN <input type="radio"/> NEAR			CITY OR TOWN			HIGHWAY CLASSIFICATION 1 Interstate 3 WV 5 City 2 U.S. 4 County 6 Other			
	CRASH OCCURRED ON	ROUTE 1	STREET 1			MAXIMUM SPEED LIMIT <input type="radio"/> Posted <input type="radio"/> Not Posted		ADVISORY SPEED		IF ON CONTROLLED ACCESS HIGHWAY, FILL IN ONE 1 Main Road 2 Main Road at Interchange 3 Entrance Ramp On 4 Exit Ramp On			
	AT INTERSECTION WITH	ROUTE 2	STREET 2			MAXIMUM SPEED LIMIT <input type="radio"/> Posted <input type="radio"/> Not Posted		ADVISORY SPEED					
	IF NOT AT INTERSECTION: <input type="radio"/> FEET N E O OF <input type="radio"/> MILES S W						STREET, HIGHWAY, TOWN ETC.			RELATION TO ROADWAY (Location of First Impact) 1 On Road 4 Outside of 2 Median Shoulder/Curb 3 Shoulder 5 Gore 6 Other/Unknown			
	IF LOCATION CAN BE DESCRIBED MORE PRECISELY, ENTER HERE SPECIAL REFERENCE OR GIS/GPS COORDINATES												
	DRIVER'S FULL NAME			<input type="radio"/> M <input type="radio"/> F			ADDRESS			CITY	STATE	ZIP	
	DATE OF BIRTH		SOCIAL SECURITY NUMBER		DRIVER LICENSE NUMBER			<input type="radio"/> CDL <input type="radio"/> Jr. Operator's <input type="radio"/> Learner's Perm.		STATE	LICENSE RESTRICTION(S) VIOLATED		
	CITATION NUMBER		CITATION CHARGE			DRIVER CONDITION:		1 Normal 4 Ill 7 Other 2 Fatigued 5 Drinking 8 Unknown 3 Asleep 6 Medication					
VEHICLE	SOBRIETY TEST GIVEN <input type="radio"/> Yes <input type="radio"/> Refused Test <input type="radio"/> No <input type="radio"/> Not Offered		TYPE OF TEST GIVEN: <input type="radio"/> FIELD <input type="radio"/> BREATH <input type="radio"/> BLOOD <input type="radio"/> PBT		<input type="radio"/> URINE <input type="radio"/> OTHER		<input type="radio"/> N/A		TEST RESULTS:				
	DRIVER ACTION: 1 Going Straight Ahead 2 Turning Right 3 Turning Left		4 U-Turning 5 Changing Lanes 6 Passing		7 Parking 8 Parked 9 Backing		10 Merging 11 Slowing or Stopping 12 Stopped in Traffic Lane		13 Entering or Leaving Driveway 14 Pulling Out from Parking Space 15 Other (SEE NARRATIVE)				
	OWNER'S FULL NAME <input type="radio"/> SAME AS DRIVER			ADDRESS <input type="radio"/> SAME AS DRIVER			CITY	STATE	ZIP				
	YEAR	MAKE	MODEL	STYLE	COLOR (List Primary/Secondary)								
	LICENSE PLATE NUMBER		STATE	YEAR	VEHICLE IDENTIFICATION NUMBER								
	DIRECTION TRAVEL: (If turning, enter direction BEFORE turn.) N <input type="radio"/> E <input type="radio"/> ON ROUTE 1 <input type="radio"/> ABOVE S <input type="radio"/> W (Or Street) 2 <input type="radio"/>		TOTAL OCCUPANTS OF THIS VEHICLE:		EXTENT OF DAMAGE 0 1 2 3 4 5 6 - Unknown		DRIVEABLE <input type="radio"/> Yes <input type="radio"/> No		DAMAGED AREA(S)  12 UNDERCARRIAGE 13 NONE/NON-APPARENT 14 OTHER/UNKNOWN 15 ALL AREAS		PT. OF INITIAL IMPACT 1 2 3 4 5 6 7 8 9 10 11 12 13 14		
	TOWED DUE TO DAMAGE <input type="radio"/> Yes <input type="radio"/> No		TOWED BY:		TOWED TO:								
	AUTO LIABILITY INSURANCE: <input type="radio"/> Yes <input type="radio"/> No		INSURANCE COMPANY		POLICY NO.	AGENT							
CONTRIBUTING CIRCUMSTANCES: (Check One or More) 1 No Improper Driving 2 Exceeding Speed Limit 3 Exceeding Safe Speed		4 Changing Lanes Improperly 5 Following Too Closely 6 Disregarded Traffic Control 7 Did Not Have Right of Way 8 Failure to Maintain Control 9 Driving Under Minimum Speed 10 No Signal or Improper Signal		11 Turning Improperly 12 Passing Improperly 13 Parking Improperly 14 Backing Improperly 15 Avoiding Animal or Vehicle 16 Distraction Inside Vehicle 17 Walking Violation		18 Driver Under Influence 19 Pedestrian Under Influence 20 Slippery Pavement 21 Other Roadway Defects 22 Previous Accident 23 Left of Center 24 Other (SEE NARRATIVE)							
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Form with multiple sections: O D A M A G E, C O D E S, C R A S H, P E N S I V E, P E D, W I T N E S S, E N V I R O N M E N T, C R A S H, T Y P E, C O M M E R C I A L, C A R R I E R, ASSISTING OFFICER, and various data entry fields for vehicle information, crash details, and investigation.

DRAW SCENE AS OBSERVED, INCLUDING ROADWAY LAYOUT, VEHICLE, PEDESTRIAN OR OBJECT STRUCK, TRAFFIC CONTROLS, SKIDMARKS, ETC.

DRAW ARROW POINTING NORTH IN CIRCLE

IMPORTANT: NUMBER THE VEHICLES ACCORDING TO THE VEHICLE NUMBERS ON THE FRONT PAGE.

Scale: 1 inch = 20 feet



FORM OVERRIDE #

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DESCRIBE WHAT HAPPENED (Refer to Vehicles by Number)

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STATEMENTS OF INVOLVED DRIVERS AND WITNESSES (IF AVAILABLE)

WEST VIRGINIA UNIFORM TRAFFIC CRASH REPORT FATAL CRASH SUPPLEMENT

COUNTY _____		DETACHMENT _____																													
DRIVER #1 _____ DRIVER #2 _____ OTHER _____		CORRECTIVE LENSES OR CONTACTS DRIVER: _____ DRIVER: _____																													
ROADWAY FLOW: <input type="checkbox"/> DIVIDED HIGHWAY <input type="checkbox"/> (IF YES, CHECK ONE OF THE FOLLOWING) <input type="checkbox"/> MEDIAN STRIP <input type="checkbox"/> GUARD RAIL <input type="checkbox"/> OTHER BARRIER <input type="checkbox"/> NOT PHYSICALLY DIVIDED <input type="checkbox"/> ONE WAY TRAFFICWAY		TRAVEL SPEED: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;">ACTUAL</th> <th style="width: 20%; text-align: center;">ESTIMATED</th> <th style="width: 20%; text-align: center;">UNKNOWN</th> </tr> </thead> <tbody> <tr> <td>DRIVER #1</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>DRIVER #2</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			ACTUAL	ESTIMATED	UNKNOWN	DRIVER #1	_____	_____	_____	DRIVER #2	_____	_____	_____																
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EMS ARRIVAL TIME AT HOSPITAL _____ (IF MORE THAN ONE UNIT RESPONDS, LIST TIME FOR FIRST UNIT ARRIVING AT HOSPITAL)																															
CRASH AVOIDANCE MANEUVER (MARK FOR EACH VEHICLE) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">NO AVOIDANCE MANEUVER</td> <td style="width: 25%;">VEHICLE# _____</td> <td style="width: 25%;">BRAKING (SKIDMARKS EVIDENT)</td> <td style="width: 25%;">VEHICLE# _____</td> </tr> <tr> <td>STEERING (EVIDENCE STATED)</td> <td>VEHICLE# _____</td> <td>BRAKING (NO SKIDMARKS, DRIVER STATED)</td> <td>VEHICLE# _____</td> </tr> <tr> <td>STEERING & BRAKING (EVIDENCE OR STATED)</td> <td>VEHICLE# _____</td> <td>OTHER AVOIDANCE MANEUVER</td> <td>VEHICLE# _____</td> </tr> </table>				NO AVOIDANCE MANEUVER	VEHICLE# _____	BRAKING (SKIDMARKS EVIDENT)	VEHICLE# _____	STEERING (EVIDENCE STATED)	VEHICLE# _____	BRAKING (NO SKIDMARKS, DRIVER STATED)	VEHICLE# _____	STEERING & BRAKING (EVIDENCE OR STATED)	VEHICLE# _____	OTHER AVOIDANCE MANEUVER	VEHICLE# _____																
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SEND ORIGINAL TO: TRAFFIC RECORDS SECTION, FATAL ANALYSIS REPORTING SYSTEM (NO COPIES NEEDED)